

471-000-504 Nebraska Medicaid Practitioner Fee Schedule for Ambulance Services

Nebraska Medicaid payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>MEDICAID ALLOWABLE (Eff. 7/1/06)</u>
A0420	Ambulance waiting time (ALS or BLS), one-half hour increments	\$ 14.55
A0424	Extra ambulance attendant, ALS or BLS (requires medical review)	\$ 43.65
A0425	Ground mileage, per statute mile	\$ 2.69
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)	\$305.55
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 – emergency)	\$305.55
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	\$122.22
A0429	Ambulance service, basic life support, emergency transport (BLS – emergency)	\$149.87
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	\$582.00
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$873.00
A0433	Advanced life support, level 2 (ALS 2)	\$305.55
A0434	Specialty care transport (SCT)	\$305.55
A0435	Fixed wing air mileage, per statute mile	\$ 10.19
A0436	Rotary wing air mileage, per statute mile	\$ 20.37
A0888	Non-covered ambulance mileage, per mile (e.g. for miles traveled beyond closest appropriate facility)	\$ 2.69
A0999	Unlisted ambulance service	BR

BR (By Report) – Paid at “reasonable charge” based on the service and circumstances.